



SCOPE OF SERVICE

PHYSICAL MEDICINE AND REHABILITATION SERVICE

Patient Care Department: Amputation System of Care

I. Scope of Service	
Types of Patients	<p>All honorably discharged veterans with limb loss age 18 and above who meet admission criteria are accepted into the program.</p> <p>Eligible patients have the following needs:</p> <ol style="list-style-type: none"> 1. Rehabilitation diagnosis based on impairments, functional limitations and societal participation restrictions 2. The patient has significant functional deficits and medical and nursing needs that require: <ol style="list-style-type: none"> a. Close medical supervision by a physiatrist or other physician qualified by training and experience b. 24-hour availability of nurses skilled in rehabilitation c. Treatment by multiple other licensed rehabilitation professionals (physical therapists or kinesiotherapists, occupational therapists, speech language pathologists, psychologists), as needed, in a time-intensive and medically coordinated program. <p>The patient's medical stability and medical or surgical comorbidities are:</p> <ol style="list-style-type: none"> 1. manageable in the rehabilitation hospital; 2. sufficiently under control that the patient can participate in the rehabilitation program concurrently with their prescribed management. <p>The patient presents as capable of fully participating in the inpatient rehabilitation program. (In unusual situations, when it is unclear whether the patient can fully participate in the program, a brief period of inpatient care may be required to make a final determination. These circumstances may be referred to as an evaluative admission or a trial admission).</p> <p>Admission is warranted because clear functional goals have been set and these goals are:</p> <ol style="list-style-type: none"> 1. Realistic 2. Offer practical improvements 3. Are expected to be achieved within a reasonable time



	<ol style="list-style-type: none"> 4. The patient has a high probability of benefiting from the program of care. 5. The patient has a home and available family or care providers in most circumstances that support a likelihood of returning the patient to home or a community-based environment. <p>Patients with active psychosis are not candidates for the program. Behaviors requiring a locked unit or not allowing participation in therapies cannot be managed on the rehabilitation unit. Cultural needs are assessed during initial evaluations & considered in determining the treatment program. Translator services are available for all languages.</p>
Procedures/Services	<u>Common Conditions/ Diagnoses Treated:</u> <ol style="list-style-type: none"> 1. Transtibial Amputation 3. Transfemoral Amputation 4. Transhumeral Amputation 5. Symes Amputation
Sites Where Services Provided/ Hours of Operation	<p><u>Site Where Care Is Provided:</u> Ward 11ERM (Bldg. 200) and Bldg. 228 clinics, as well as in Community Living Center (CLC)/ (EASY Street) (Bldg. 217)(temporarily during the Pandemic).</p> <p><u>Time when Care is Provided:</u> The program is a 24-hour, 7 days per week program. All patients are seen for initial evaluation and interdisciplinary conferences are held to discuss and document goals, progress, and plans. The program provides three hours of therapy services per day. (Interdisciplinary therapies are provided 3 hours per day Mondays to Fridays and 1-2 hours per day on weekends except during holidays).</p>
II. Access to Service	
Mechanisms for Accessing Services	Services are accessed through internally referred consultation process, Amputation clinic and external referral via the admission/transfer process, through amputation system of care clinics.
Preadmission Assessments	Preadmission assessments are completed on patients prior to admission to the Inpatient Rehabilitation Program by the Rehabilitation Physician Team either as an inpatient consultation, for those patients who are currently hospitalized at Hines VA or as a review of medical records and imaging for patients who are considering inpatient rehabilitation from an external source (referring hospital, outpatient clinic or home). These assessments



	<p>will evaluate the appropriateness of placement of each person served in the continuum of rehabilitation services.</p> <p><u>Current Level of Function</u></p> <p>Our program will consider the current areas of:</p> <ul style="list-style-type: none">• Impairments (problems in body function or structure, such as hemiparesis, paraplegia)• Activity limitations (difficulties that the individual may have in executing activities, such as walking, feeding self, etc.)• Participation restrictions (participating in community activities, attending school, etc.) <p>Evaluation of these areas are considered in determining the proposed rehabilitation plan of care for the patient and whether admission to the Inpatient Rehabilitation Program at Hines VA would benefit the patient in attaining improved functional outcomes, or whether a more appropriate setting (outpatient services) might be more appropriate. Each case will be considered thoroughly and with input gained from patients, their families/support systems and referral sources.</p>
Payer Sources/Fees	<p>All veterans applying for and receiving VA medical care must let us know about their health insurance coverage. This includes coverage provided under policies of their spouses. VA is required to bill private health insurance providers for medical care, supplies and prescriptions provided for care that veterans receive for their non-service connected conditions. In general, VA cannot bill Medicare, but VA can bill Medicare supplemental health insurance.</p> <p>You may be billed for the services provided to you as an inpatient. This is based on your eligibility and benefits you receive. You may be required to pay a co-pay for outpatient visits. You may be required to make a co-payment for each outpatient pharmacy prescription. If you have questions about your co-pay rate while you are in the hospital, contact the Hines VA Eligibility and Benefits Department at 708-202-8838 or 2-8838 from your bedside phone.</p> <p>For questions about your co-pay or bills after discharge, call the VA Health Revenue Center at 1-877-222-8387. Additionally, you may contact the Health Resource Center at 866-400-1238 for any billing questions/concerns, along with making electronic payments. For more</p>



	information on eligibility and enrollment go to the VA eligibility website at www.va.gov/healtheligibility .
III. Goals of Department/Service	
Goals	Meet the rehabilitation needs of patients with amputation, physical and cognitive/communicative limitations that require inpatient interdisciplinary rehabilitation. To encourage and facilitate maximal independent functioning of each individual based on his or her identified limitations and strengths and promotes return to community living.
IV. Plan to Improve Quality of Service	
Performance Improvement Priorities/Aspects of Care	<p><u>Aspects of Care That Are High Volume:</u> Patients that have undergone a major amputation of the extremity typically above ankle level in lower extremities.</p> <p><u>Aspects of Care That Are High Risk:</u> Fall Risk Thrombo-embolic risk Wound infection Infection risk Cardiac failure Pulmonary Traumatic Brain Injury</p> <p><u>Aspects of Care That are Problem Prone:</u> Medical issues as above De-conditioning Contractures Pain Management Psychosocial issues Behavioral issues</p>
Structure to Support Multidisciplinary Performance Improvement	All patients are seen for initial evaluation and interdisciplinary conferences are held to discuss and document goals (program, patient's and patient's family/support members), progress, and plans. The Functional Independence Measure (FIM) outcome measurement system is utilized on admission, discharge, and post-discharge. Other outcome measures utilized are Patient Exit Interviews.
V. Department Specific Standards	



Standards	Regulatory Standards Joint Commission Standards CARF Standards VA Directives and Handbooks Standard of Care Measures Hospital Policy and Procedures
VI. Staffing	
Staffing Plan	<u>Skill Level of Personnel and Staffing</u> Staff is credentialed professionals in their respective fields. All have completed formal education as required by their respective professions; credentials are current, and most are certified FIM raters. <u>Type of Staff (categories)</u> Physiatrists (medical director of inpatient ward--attending physician, ASOC Medical director, PM&R residents), Dietitians, LPNs, RNs, Social Worker (case manager), Therapists (physical therapists, occupational therapists, kinesiotherapists, and recreation therapists), Amputation Rehabilitation Coordinator, and Prosthetists are available as needed for each inpatient. As required, Podiatrists, PV service line, Orthopedics, Pain Management, Wound Care Specialists, Audiologists, Chaplains, Orthotists, Psychiatrists, Psychologists, Speech Pathologists, and Vocational Rehabilitation professionals are also available in providing quality care.
Collaborative/ Functional Relationships with Other Departments and Services	Services provided include, but are not limited to, physiatrist, rehabilitation nursing, physical therapy, occupational therapy, kinesiotherapy, speech therapy, recreational therapy, psychology, social work, OEF/OIF case manager, polytrauma nurse educator, nutrition and vocational rehab. Additional consultation and ancillary services are available as needed, as is access to Chaplains. The interdisciplinary team and consultants as needed manage behavior issues. On-site consultation, diagnostic, and treatment services include radiology, laboratory, pharmacy, vascular access team, audiology, dental, behavioral medicine, extensive medical and surgical consultation services (gastroenterology, neurology, neurosurgery, ophthalmology, orthopedic surgery, otolaryngology, psychiatry, pulmonary) and multiple others.



	<p>Services are available on a routine or STAT basis to accommodate any volume of patients in the Rehab Program. Reports and/or recommendations are typically available within 24 hours and discussed with persons served. Hines VA Hospital has the capacity to provide these services for its Inpatient Rehabilitation Program.</p> <p>Ethics Consultation Committee is available when required for specific issues.</p>
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